

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09 / 8307

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	6		↓		↓	
TOTAL DEP.	31		↔		↔	
TOTAL CLAIMS	37	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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99								
100								
TOTAL IND.			↓		↓			
TOTAL DEP.			↔		↔			
TOTAL CLAIMS			[REDACTED]		[REDACTED]			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831